

Name in Full

Certificate of Death

Wm. Andrews

Town

County

Died at

Lessup

Honore

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
<i>8</i>	<i>8</i>	<i>23</i>	<i>1</i>	<i>7</i>		<i>md</i>	<i>—</i>
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband
of
Wife

Father's Name *Arthur Andrews* Mother's Name *May Andrews*

Cause of Death { Primary *Cholera Infantum* How long sick *3 days*

Death { Immediate *Convulsion* Accident, Suicide, Homicide

Reported by

Int. Int. M.D.

Address

Garage

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name in Full

Certificate of Death

Mary Ann Tallon

Died at ^{Town} Dorsey ^{County} Howard MARYLAND

Date 189 ⁸ ⁸ ⁸ ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}
 8 8 8 76. 4 28 Ball's Housekeeper
 Male White Married Widow Divorced
 Female Colored Single ~~Widower~~ Number of children living 2

~~Husband~~ of John Tallon
 Wife

Father's Name Mother's Name
 141

Cause of Death { Primary General Debility
 Immediate Paralysis of Heart
 How long sick 1 hour or less
 Accident, Suicide, Homicide

Reported by F. W. Lin ^{M. D.}

Address Savage ^{M. D.}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000



Albert W. Hobbs.

Town

County

Died at

Lisbon

Howard.

MARYLAND

Date 189

8 Aug. 13th

Age

11. 5.

Native of

Lisbon

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

Father's

Name

Mr Albert W. Hobbs

Mother's

Name

Elizabeth Hobbs.

Cause of

Primary

Enterocolitis

How long sick

22 days.

Death

Immediate

Paralysis of bowels.

~~Accident, Suicide, Homicide~~

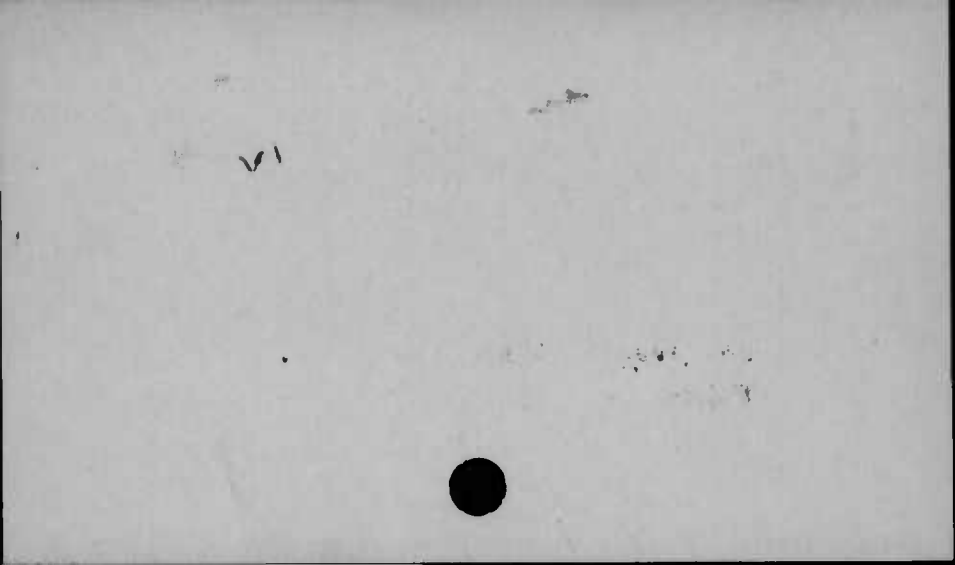
Reported by

L. M. Lady

Address

Lisbon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hammond Lilly Lilly

Town

County

Died at

Savage

Howard

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	8	26	18	3	1	Ind	Mill hand
Male	White	Married	Widow	Married			
Female	Colored	Single	Widower			Number of children living	

Husband
of
Wife

Father's

Name

Mr. H. Lilly

Mother's

Name

Mrs. Lilly

Cause of

Primary

Consumption

How long sick

1 yr

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. L. Intinuum M.D.

Address

Savage

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Lewis Barton Myers
 Town County

Died at Daisy Howard. MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 189 8 Aug. 23 Age 47. Frederick Co Farmer.
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Julia Elizabeth Myers
 Wife's Name Zeke Myers Mother's Name Susanah Myers

Cause of Death { Primary To much bad whiskey. How long sick
 Immediate Pistol shot in right side of head. Accident, Suicide, Homicide

Reported by J. W. Sacy, M.D. 145
 Address Lisbon Howard Co., Md.



Mary Gertrude Neal

Town

County

Died at

Hilton

Howard

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Aug

25

Age

10. 3, 24

Howard

Chef

Married

Widower

Quarantined

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Walter Neal

Mother's

Name

Frances Neal

Cause of

Primary

Lungs entering

How long sick

2 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

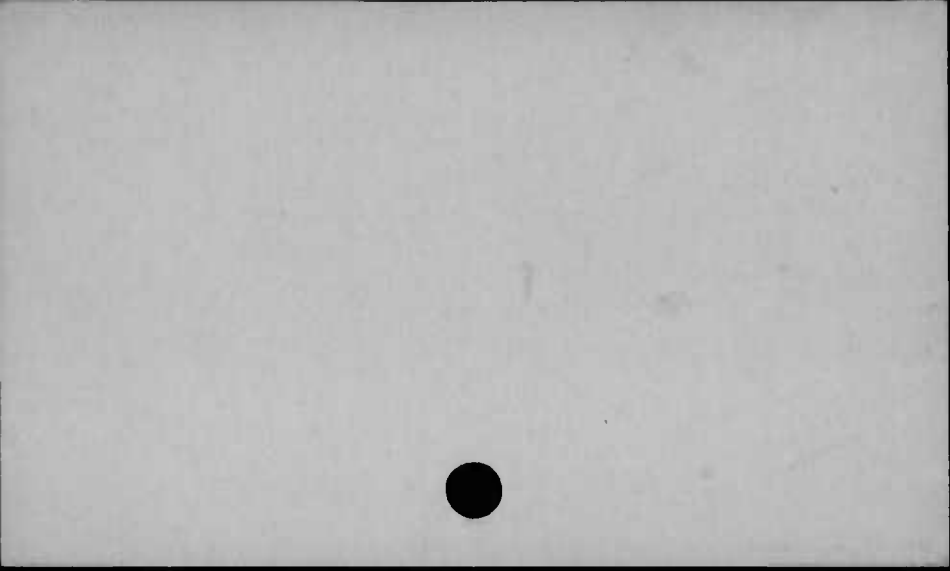
Dr. H. B. Orring

Address

Ellicott City

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Georgiana

Town

Stansfield

County

Died at

Mintons

Honna

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	Aug	18		8	11		
Main female			Married		Widow		Divorced
Female			Single		Widower		Number of children living

Husband
of
WifeFather's
Name

Thos H H Stansfield

Mother's
Name

Annie E Stansfield

Cause of	Primary	49	How long sick 24 hours
	Immediate		

convulsion

How long sick

24 hours

Death

~~Accident~~ Suicide, Homicide

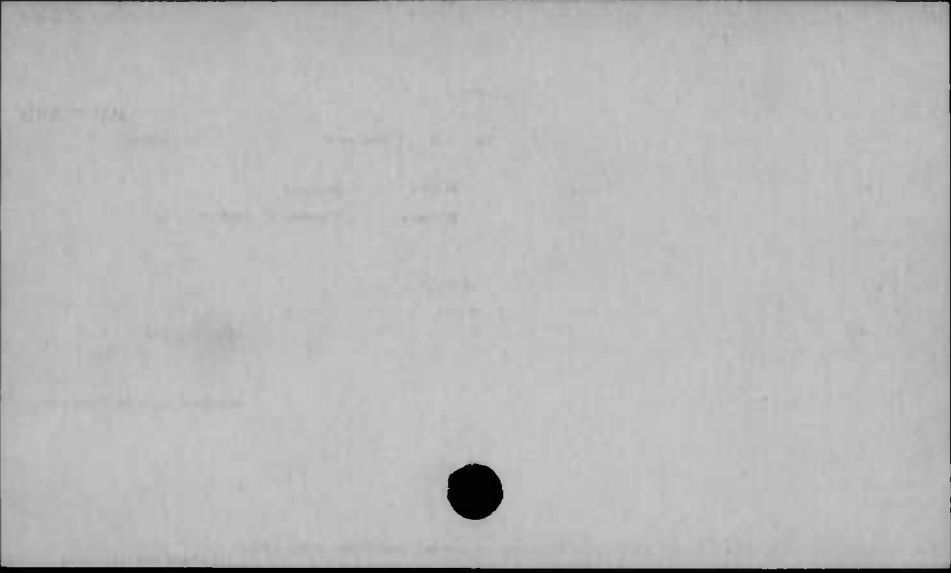
Reported by

J M Webb M D

Address

West Friendship Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Josephine Whipples

Town

County

Died at

Oakland

Howard

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Aug

11

Age

43 yrs

Howard

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband

of

~~Wife~~

Father's

Name

Jm Whipples

Same as 51

Mother's

Name

Sarah Whipples

Cause of

Primary

Cancer Stomach

How long sick

8 months

Death

Immediate

Exhaustion

~~Accident~~ Suicide, Homicide

Reported by

Address

Dr J H B Orring

Ellicott City

756

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85089

